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PRCFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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SIGNATURE: ___

Corporation FELIP	MENT # K52 Name PE FI: MARTIN, D.D.S.,		(6)						
rincipal Place	of Business	Ma	iling Address				 	84 81831 81811 81911	01841 B1011 01015 101
1300 W 49 HIALEAH F			1300 W 49 ST HIALEAH FL 33012			·			
						3. Date Incorporated or Qu 12/21/1988	alified 3a	Date of Last 09/01	•
. Principal Pla	nce o' Business	├	Mailing Address			4. FEI Number	·····		Applied For
Suite, Apt. #	t etc	26	Suite, Apt. #, etc.			65-0092345		<u>¢0.7</u>	Not Applicable 5 Additional
Soite, Apt. #	·, 6.c.	27	30ne, Apr. #, etc.			5. Certificate of Status Desi	ired 🔲	T	e Required
City & State			City & State			6. Election Campaign Finan	ncing	\$5.	00 May Be
7.		28	3 1.	1 0		Trust Fund Contribution		700	led to Fees
Zip	Country 25	29	Zip	Coun	try	This corporation has liab Florida Statutes	ility for intanç	_	\$ 199.032,
	g. Name and Address of C		ered Agent	1001		10. Name and Address of			
				8	Name				
	N, FELIPE R, DDS., P.A.			8	Street Add	fress (P.O. Box Number is Not Ad	cceptable)		
	N 49 ST				13				
HIALE	AH, FL 33012				3				
				ε	City			FL 85	Zip Code
or registere	o the provisions of Sections 607 ed agent, or both, in the State o h, and accept the obligations of	of Florida, Such	change was authorize	ed by the co	e-named corpo irporation's boa	oration submits this statement for ard of directors. I hereby accept t	the purpose he appointm	of changing its nent as register	s registered office ad agent. I am
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ITED NAME OF SIGNING OFFICER OR DIRECTOR